

**UNITED STATES HOUSE OF REPRESENTATIVES****FINANCIAL DISCLOSURE STATEMENT****FORM B**

For New Members, Candidates, and New Employees

**MAY 17 2010 Page 1 of 44**

LEGISLATIVE RESOURCE CENTER

**18 MAY 29 PM 1:58**

*U.S. HOUSE OF REPRESENTATIVES*  
*OFFICE OF THE CHIEF FINANCIAL OFFICER*  
*(Office Use Only)*

<b>Name:</b> <u>Art Robinson</u>		<b>Daytime Telephone</b> -	<b>U.S. HOUSE OF REPRESENTATIVES</b> <b>OFFICE OF THE CHIEF FINANCIAL OFFICER</b> <b>(Office Use Only)</b>	
<b>FILER STATUS</b>	<b>New Member of or Candidate for U.S. House of Representatives</b>	<b>State:</b> <u>OR</u>		
<b>Candidates – Date of Election:</b> <u>11/6/18</u>		<input type="checkbox"/> <b>Check if Amendment</b> <b>Staff Filer Type (If Applicable):</b> <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant		<b>Period Covered: January 1, 2012 to 5/16/18</b>
<b>New Officer or Employee</b>		<b>Employing Office:</b> _____		<b>A \$200 penalty shall be assessed against any individual who files more than 30 days late.</b>

**PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS**

**A. Did you, your spouse, or your dependent child:**

a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period?  Yes  No

b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?  Yes  No

c. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?  Yes  No

d. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?  Yes  No

**E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?**  Yes  No

**F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?**  Yes  No

**J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?**  Yes  No

**ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"**

**THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE**

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS**

**TRUSTS** – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?  Yes  No

**EXEMPTION** – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.  Yes  No

## **SCHEDULE A – ASSETS & “UNEARNED INCOME”**

Name: Art Robinson  
Page 2 of 4

Assets and/or Income Sources												BLOCK B												BLOCK C												BLOCK D																							
												Value of Asset						Type of Income						Amount of Income																																			
<p>Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period and (b) any other reportable asset or source of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use only ticker symbols).</p> <p>For all <b>IRAs</b> and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.</p> <p>For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.</p> <p>For rental and other real property held for investment provide a complete address or description, e.g., "rental property" and a city and state.</p> <p>For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p><b>Exclude:</b> Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.</p> <p>If you report a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box.</p> <p>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT). In the optional column on the far left.</p> <p>For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.</p>												<p>Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used.</p> <p>If an asset was sold during the reporting period and is included only because it generated income, the value should be "None".</p> <p>*Column M is for assets held by your spouse or dependent child in which you have no interest.</p>												<p>Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts) you may check the "None" column. For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below: <b>Dividends, Interest, and Capital Gains, even if reinvested, must be disclosed as income for assets held in taxable accounts.</b></p> <p>If an asset was sold during the reporting period and is included only because it generated income, the value should be "None".</p> <p>*Column N is for assets held by your spouse or dependent child in which you have no interest.</p>												<p>Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts) you may check the "None" column. For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below: <b>Dividends, Interest, and Capital Gains, even if reinvested, must be disclosed as income for assets held in taxable accounts.</b></p> <p>If an asset was sold during the reporting period and is included only because it generated income, the value should be "None".</p> <p>*Column O is for assets held by your spouse or dependent child in which you have no interest.</p>																							
<p>A      B      C      D      E      F      G      H      I      J      K      L      M</p> <p>None</p> <p>\$1-\$1,000</p> <p>\$1,001-\$15,000</p> <p>\$15,001-\$50,000</p> <p>\$50,001-\$100,000</p> <p>\$100,001-\$250,000</p> <p>\$250,001-\$500,000</p> <p>\$500,001-\$1,000,000</p> <p>\$1,000,001-\$5,000,000</p> <p>\$5,000,001-\$25,000,000</p> <p>\$25,000,001-\$50,000,000</p> <p>Over \$50,000,000</p> <p>Spouse/DC Asset over \$1,000,000*</p>												<p>None</p> <p>NONE</p> <p>DIVIDENDS</p> <p>RENT</p> <p>INTEREST</p> <p>CAPITAL GAINS</p> <p>EXCEPTED/BLIND TRUST</p> <p>TAX-DEFERRED</p>												<p>I      II      III      IV      V      VI      VII      VIII      IX      X      XI      XII</p>												<p>Current Year</p>												<p>Preceding Year</p>											
<p>Other Type of Income (Specify: e.g., Partnership Income or Farm Income)</p>												<p>None</p> <p>\$1-\$200</p> <p>\$201-\$1,000</p> <p>\$1,001-\$2,500</p> <p>\$2,501-\$5,000</p> <p>\$5,001-\$15,000</p> <p>\$15,001-\$50,000</p> <p>\$50,001-\$100,000</p> <p>\$100,001-\$1,000,000</p> <p>\$1,000,001-\$5,000,000</p> <p>Over \$5,000,000</p> <p>Spouse/DC Income over \$1,000,000*</p>												<p>None</p> <p>\$1-\$200</p> <p>\$201-\$1,000</p> <p>\$1,001-\$2,500</p> <p>\$2,501-\$5,000</p> <p>\$5,001-\$15,000</p> <p>\$15,001-\$50,000</p> <p>\$50,001-\$100,000</p> <p>\$100,001-\$1,000,000</p> <p>\$1,000,001-\$5,000,000</p> <p>Over \$5,000,000</p> <p>Spouse/DC Income over \$1,000,000*</p>												<p>None</p> <p>\$1-\$200</p> <p>\$201-\$1,000</p> <p>\$1,001-\$2,500</p> <p>\$2,501-\$5,000</p> <p>\$5,001-\$15,000</p> <p>\$15,001-\$50,000</p> <p>\$50,001-\$100,000</p> <p>\$100,001-\$1,000,000</p> <p>\$1,000,001-\$5,000,000</p> <p>Over \$5,000,000</p> <p>Spouse/DC Income over \$1,000,000*</p>																							
Sp. DC, JT	Example: Mega Corp. Stock											Royalties	Example: Simon & Schuster											Partnership Income	Example: ABO HedgeFund																																		
	First Interstate Bank												Evergreen Bank																																														

*Use additional sheets if more space is required.*

## **SCHEDULE A – ASSETS & “UNEARNED INCOME”**

Name \_\_\_\_\_

Page 6

Use additional sheets if more space is required.



## SCHEDULE D - LIABILITIES

Name: <u>Art Robinson</u>	Page <u>4</u> of <u>44</u>
---------------------------	----------------------------

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. **Mark the highest amount owed during the reporting period.** **New Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. **Report a revolving charge account** (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. \*Column K is for liabilities held solely by your spouse or dependent child.

Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability							
			A	B	C	D	E	F	G	H
Example	First Bank of Wilmington, DE	5/98	\$10,001-\$15,000							
			\$15,001-\$50,000							
			\$50,001-\$100,000							
			X	\$100,001-\$250,000						
				\$250,001-\$500,000						
					\$500,001-\$1,000,000					
					\$1,000,001-\$5,000,000					
					\$5,000,001-\$25,000,000					
					\$25,000,001-\$50,000,000					
					Over \$50,000,000					
					Over \$1,000,000* (Spouse/DC Liability)					

**SCHEDULE E – POSITIONS**

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. **New Members and second-year candidates** report positions held in the reporting period and the current calendar year. **First-year candidates and new employees** report positions held in the current calendar year and two previous years.

<p>Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. <b>Exclude:</b> Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. <b>New Members</b> and <b>second-year candidates</b> report positions held in the reporting period and the current calendar year. <b>First-year candidates</b> and <b>new employees</b> report positions held in the current calendar year and <b>two</b> previous years.</p>	
Position	Name of Organization
President Research Professor & Member Board of Trustees	Oregon Institute of Science & Medicine

## SCHEDULE F – AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

**SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE**

**Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.**

Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services

Use additional sheets if more space is required.

Name: _____	Page _____ of _____
-------------	---------------------

**FILER NOTES  
(Optional)**

Name: \_\_\_\_\_

NOTE  
NUMBER

## NOTES

*Use additional sheets if more space is required.*

*Use additional sheets if more space is required.*